

State of Indiana Indiana Department of Correction

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POLICY AND ADMINISTRATIVE PROCEDURES

Manual of Policies and Procedures

Title

THE DEVELOPMENT AND DELIVERY OF HEALTH CARE SERVICES

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Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References
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IC 11-8-2-5	00-02-201	ACA
IC 11-8-5-2	01-04-101	ACI: 4-4191*,4-4203* ,4-4281*, 4-4318,
		4-4344*, 4-4345, 4-4346, 4-4347, 4-
IC 11-10-1-2	01-04-104	4348, 4-4349, 4-4350, 4-4351*, 4-4352,
IC 11-10-2-4	03-02-103	4-4353*, 4-4354*, 4-4355, 4-4356*, 4-
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IC 11-10-8-2(4)		4361, 4-4362*, 4-4363*, 4-4364, 4-
IC 11-10-8-5		4365*, 4-4366, 4-4367, 4-4368*, 4-4369,
IC 11-10-9-2		4-4370*, 4-4371*, 4-4372, 4-4373*, 4-
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IC 11-11-5-4		4-4379, 4-4380*, 4-4381*, 4-4382*, 4-
IC 11-11-6-2		4383, 4-4384*, 4-4385, 4-4386, 4-4387,
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		4395, 4-4396*, 4-4397*, 4-4398, 4-4399,
		4-4400*, 4-4401*, 4-4402*, 4-4403, 4-
		4404, 4-4405*, 4-4408, 4-4409, 4-4410,
		4-4411*, 4-4412, 4-4413, 4-4414, 4-4415
		Performance Standard 1A, 2A, 4A
		(*Mandatory)
		JTS: 1C-10,4C-01,4C-03,4C-04,4C-19
		thru 4C-39
		NCCHC
		P01 thru P72
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I. <u>PURPOSE</u>:

This policy and its administrative procedures describe the standards and guidelines used to provide, maintain and improve the physical health of adults and juveniles confined by the Indiana Department of Correction.

II. POLICY STATEMENT:

The Department of Correction has established and shall maintain a health care services program that protects and promotes the physical well being of the confined offender population. The design and delivery of health care service

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programs shall also consider the health and safety of Department staff and the public.

Matters involving clinical judgment shall be reserved to clinical personnel, with the ultimate clinical authority residing with the Department's Medical Director.

All confined offenders shall have access to health care services necessary to treat serious medical conditions. The general categories of services that shall be available are consultation, diagnosis, evaluation, treatment, and referral.

Emergency and routine medical care shall be provided, but care provided will generally not include care that is not necessary either because the care is ineffective or the condition is not serious. Seriousness of a medical condition may be judged by considering the condition's propensity to cause death or disability, to cause pain, or to cause significant problems with activities of daily living.

Department personnel must consider how best to ensure continuity of care for serious medical conditions at the inception, during, and at the conclusion of confinement.

Health care services shall take into account effectiveness and efficiency, and shall be planned so as to conserve Department resources when possible.

The Department shall ensure compliance with all applicable statutes, promulgated rules and administrative directives pertaining to the delivery of health care services.

The delivery of health care services shall be coordinated with the delivery of all other health care related services. The Department shall promote consultation and cooperation between health care and other program service providers whose activities may impact the physical well being of the offender population.

The Department shall review annually its health services programs to assess their utility and impact.

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III. DEFINITIONS:

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For the purpose of this policy and its administrative procedures, the following definitions are presented:

- A. ACCESS TO CARE: An offender's ability to be interviewed, examined, and treated by Health Care Services staff.
- B. DIRECTOR: The Director of the Division of Health Care Services who is responsible for the overall administration of health care services in the Department.
- C. DIRECTOR OF NURSING: The Central Office staff person in the Division that is responsible for the administration and monitoring of nursing services in the Department.
- D. DIVISION: The Division of Health Care Services.
- E. MEDICAL DIRECTOR: The physician hired by the Department to serve as the medical authority for the provision of Health Care Services in the Department and serves as the Director of the Division of Health Care Services.

IV. <u>DIVISION OF HEALTH CARE SERVICES</u>:

The Department shall establish a Division of Health Care Services within the Central Office that will be responsible for the overall administration and management of the provision of health care services to offenders and to staff, as provided in Department policies and procedures. The provision of health care shall include: medical, dental, and pharmaceutical services. This division shall be under the authority of the Deputy Commissioner/Re-Entry.

The Department shall employ a Medical Director to serve as the Director of the Division of Health Care Services. This person shall have the responsibility of overseeing the provision of Health Care Services in the Department.

Other staff may be employed within the Division as determined by the Director and the responsible Deputy Commissioner. These other staff may include persons necessary to oversee specific operations within the area of Health Care Services. The Division shall be responsible for determining the program components and procedures for health care within the Department. The Director, in conjunction

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with the Facility Heads, shall determine the health care services to be provided in the facilities and the appropriate staffing pattern for the facility.

V. SCOPE OF HEALTH CARE SERVICES PROGRAM:

The scope of the Division shall be to ensure that adequate health care services necessary to address serious medical conditions are provided to all persons committed to the Department. These health care services shall be provided in accordance with appropriate standards (e.g. American Correctional Association [ACA] and National Commission on Correctional Health Care [NCCHC]), Department of Health rules and regulations and acceptable community standards. The health care services provided shall include reasonable preventive services, routine care as directed by qualified health care professionals, and necessary emergency care. Treatments addressed to non-serious medical conditions shall not be provided without the approval of the Department's Medical Director. The Division staff shall distinguish between care that is necessary (and should be provided) and care that is desirable and not necessary (and should not be provided).

Seriousness shall be the primary concern when determining whether care should be provided. Seriousness can be evidenced by loss of life or limb, production of significant pain, or significant impact on activities of daily living. When determining the necessity for care to be delivered through departmental resources, Division staff shall take into account the likelihood of a treatment's benefit to the individual patient and the likelihood of deleterious effects should treatments be delayed, either later during confinement or after the offender's release.

VI. EMPLOYMENT OF STAFF:

The facility shall ensure that all staff hired, or provided through a contract, is appropriately qualified and licensed to perform the services required. Professionals whose practices are restricted to prison settings may not be employed. The facility Human Resources Office shall maintain copies of the licenses to practice for all persons providing health care services at the facility. It shall be the responsibility of the individual providing these services to ensure that the facility maintains an up-to-date license, certificate or permit. For physicians, psychiatrists, advanced practice nurses, and dentists, these licenses, certificates and permits shall include both federal and state permits to issue controlled substances.

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Persons who are employed by the Department or who provide services through a contract shall not provide services to confined persons or the families of confined persons through any private arrangement.

In those cases where an individual providing health care services either has a license, certificate or permit suspended or revoked, it shall be that individual's responsibility to notify the facility immediately. The facility, in conjunction with the Director, shall take whatever action necessary to ensure that health care services are not interrupted.

VII. ACCESS TO HEALTH CARE:

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All offenders shall have access to health care services to meet their serious health care needs. Access to health care shall be unimpeded. Non-health care staff shall not be authorized to approve/disapprove requests for access to health care services. Upon arrival at a facility, offenders shall be advised both orally and in writing, as to the procedures to access health care services. Offenders shall not be denied access to health care services simply due to an inability to pay a health care copay charge.

Offenders shall not be permitted to choose a personal health care professional to provide health care services. All necessary treatment shall be provided by licensed health care professionals selected by the Department and shall be provided at Department expense. This procedure does not preclude the examination or treatment of an offender by a private health care professional as required by a specific court order or as approved by the Commissioner.

All staff persons who have received the proper training in first-aid and cardiopulmonary resuscitation (CPR) shall have an affirmative duty to respond and provide any necessary services for which they have been trained. These services shall be provided to offenders, staff or visitors at the facility. Response to an emergency situation shall be within four (4) minutes whenever possible.

VIII. HEALTH CARE PHYSICAL FACILITIES AND EQUIPMENT:

Facilities delivering health care services shall ensure that adequate space, equipment and materials are provided. The amount of space, supplies and materials shall be based upon the size of the facility and resource availability.

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Within the limitation of security requirements, adequate space shall be provided to ensure examinations and treatments are conducted with consideration of the dignity and privacy of the offender.

IX. <u>CONTINUING EDUCATION FOR QUALIFIED HEALTH CARE</u> PROFESSIONALS:

All qualified health care professionals shall receive at least twelve (12) hours of continuing education or staff development appropriate for their positions. Professional health care staff members are expected to complete those hours of professional continuing education needed to keep their licenses and certificates current and valid.

All qualified health care professionals who have patient contact shall have current training in cardiopulmonary resuscitation (CPR).

All training shall be documented in the staff person's training file.

X. TRAINING FOR NON-HEALTH CARE STAFF:

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Each facility shall develop a training program that provides for health-related training to non-health care staff. All custody staff and any other appropriate staff having routine offender contact shall be trained minimally in the delivery of first-aid and CPR. These staff persons shall also be required to maintain a current and valid certification in accordance with the rules of the certifying agency, such as the American Red Cross. The proposed training for these staff persons shall be reviewed and approved by the Director and the Director/Staff Development and Training or designee for appropriateness.

This training shall be ongoing (i.e., each staff person trained shall receive training every two [2] years, at a minimum). The training provided to the custody staff and other appropriate staff shall minimally include updates on the following topics:

- A. Administration of first aid;
- B. Recognition of the need for emergency care in life-threatening situations (e.g., heart attack, asthma, etc.);
- C. Recognition of acute manifestations of certain chronic illnesses (e.g., seizures, intoxication and withdrawal and adverse reaction to medication);

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- D. Recognition of the signs and symptoms of mental illness;
- E. Prevention of suicide;
- F. Procedures for the appropriate referral for health complaints;
- G. Precautions and procedures with respect to infectious and communicable diseases; and,
- H. Cardiopulmonary resuscitation (CPR).

XI. MEDICAL DIRECTION:

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The Department shall employ a physician within the Division of Health Care Services to serve as the Medical Director for the Department. This physician shall be the Director and shall be responsible for ensuring that the procedures used and services provided by the Department meet all applicable health care standards. The Department's Medical Director shall be the final authority regarding the provision of medical services in the Department.

Additionally, each facility that has Health Care Services staff shall designate a physician at the facility to serve as the facility's authority in medical judgments. This physician shall report to the Health Care Administrator at the facility. This physician shall be responsible for monitoring the delivery of health care services provided by nursing and allied health care services staff, including persons providing services through contracts. This physician shall be thoroughly familiar with all applicable Health Care Services Directives and shall ensure that they are followed the facility.

XII. <u>HEALTH CARE SERVICES ADMINISTRATOR</u>:

Each facility that operates a Health Care Services Department shall have a person serve as a Health Care Services Administrator. This person may be provided through a contract. In some cases, it may be possible that one Health Care Services Administrator may serve more than one facility, due to the size and locations of the facilities. The duties of the Health Care Services Administrator shall include, but not be limited to:

- Prepare monthly, quarterly, annual and other needed statistical and health care reports;
- Meet with the Facility Head and other designated staff to discuss Health Care Services needs;

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- Maintain an up-to-date and complete manual of all Health Care Services Directives:
- Provide an annual review of, and revise as necessary, the facility operations directives for Health Care Services:
- Determine, in conjunction with the Facility Head and the Director, the staffing needs of the facility and the appropriate services to be provided; and,
- Ensure that all medical equipment, such as first aid kits, is available in designated areas and are maintained appropriately.

XIII. HEALTH CARE SERVICES DIRECTIVES:

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The Division of Health Care Services shall develop divisional directives to cover specific topics relative to the provision of health care services within the Department. These divisional directives shall be called Health Care Services Directives. Each directive shall be numbered and titled. The Director shall develop a specific format for the Health Care Services Directives and the manner in which they are to be filed.

The purpose of these Health Care Services Directives shall be to present information and procedures to be followed by Health Care Services staff and other staff in the provision of health care services in the Department. Health Care Services Directives shall be prepared by staff from the Division of Health Care Services. When preparing these directives, staff shall take into consideration standards of the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) as well as any applicable statutes and Department of Health rules and regulations. The Director and any other appropriate staff shall review and approve these directives prior to implementation. Health Care Services Directives shall be distributed with an Executive Memorandum from the responsible Deputy Commissioner.

These Health Care Services Directives shall be filed in a manual. Copies of this manual shall be maintained by the facility's Health Care Services staff and any other appropriate staff, as determined by the Facility Head. Staff and contractual individuals providing services to the Department shall be expected to abide by the Health Care Services Directives.

XIV. OFFENDER WORK ASSIGNMENTS:

Offenders may be assigned to provide general maintenance services in the Health Care Services area of the facility. Offenders shall not be assigned to provide the following services:

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 - A. Any type of direct patient care;
 - B. Schedule health care appointments;
 - C. Determine access of other offenders to Health Care Services;
 - B. Handle or have access to surgical instruments, syringes, hypodermic needles or medications:
 - C. Handle or have access to health care records; or,
 - F. Operate equipment without being properly trained.

XV. PROHIBITION OF MEDICAL EXPERIMENTATION:

Offenders shall not be used for any type of medical or drug experimentation by either staff, persons providing health care services to the Department or outside medical researchers.

This prohibition does not preclude the use of normal laboratory and diagnostic services required for the proper evaluation and treatment of a medical condition. Nor does this prohibition preclude the individual treatment of an offender based upon the need of a specific medical procedure not generally available and which has been approved by the Department's Medical Director.

XVI. <u>USE OF RESTRAINTS</u>:

Therapeutic restraints shall be employed as necessary only upon the order of a properly authorized health care professional. The use of such restraints shall be in accordance with applicable Health Care Services Directives and the administrative procedures for Policy 02-01-112, "The Use of Restraint Equipment with Adults," and Policy 03-02-108, "The Use of Restraints with Juveniles."

XVII. OFFENDER MEDICAL CO-PAYMENT:

All adult offenders who are committed to the Department and housed in a Department facility or a facility contracting with the Department shall be subject to a medical co-payment as described in IC 11-10-3-5 and 210 IAC 7-1-1 *et seq*.

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XVIII. OFFENDER HEALTH RECORD:

An offender health record shall be developed when an offender is received into the Department. This offender health record shall be developed and maintained in accordance with all applicable Health Care Services Directives and the administrative procedures for Policy 01-04-104, "The Establishment, Maintenance and Disposition of Offender Records."

The offender health record shall contain a complete record of all health care services provided to an offender while the offender is in a Department-controlled facility, including services provided by an external agency.

Offenders shall be provided access to the offender health record in accordance with the administrative procedures established for Policy 01-04-104.

XIX. APPLICABILITY:

These administrative procedures are applicable to all Department facilities, both adult and juvenile.

Signature on File
J. David Donahue, CCE
Commissioner
4/16/08
Date